

Entered - 9-14-00 - sb
CL 00L0567 - ALEXIS HOLMES

01-*R*-0287

CLAIM OF: **LINDA C. HANSEN**
10 Warren Drive
Portwentworth, Georgia 31407

For damages alleged to have been sustained as a result of a vehicular
accident on August 25, 2000 at Lakewood Avenue and Macon Drive.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert R. G. DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0567

Date: 2/13/01

Claimant /Victim LINDA C. HANSEN

(Atty) (Ins. Co.) _____

Address: 10 Warren Drive Portwentworth, Georgia 31407

Subrogation: _____ Claim for Property damage \$ 1,096.01 Bodily Injury \$ _____

Date of Notice: 11/9/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/25/00 Place: Lakewood Avenue and Macon Drive

Department Public Works Division Traffic and Transportation Operations

Employee involved Anthony T. Riggins Disciplinary Action: None

NATURE OF CLAIM: Claimant alleges that she sustained vehicular damages when the driver of a City vehicle made an improper lane change and collided with her vehicle causing damages in the above amount. However, both drivers received citations for making improper lane changes. The investigation determined that the City driver was not at fault in causing this collision.

INVESTIGATION:

Statements: City employee X Claimant _____ Others X Written _____ Oral X

Pictures _____ Diagrams X Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver X

Citation disposition: City Driver Dismissed Claimant Driver Dismissed

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 02 15 01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8/31/00

SEP - 6

09-06-00P05:59 RCVD
ENTERED - 9-14-00 -SB
00L0567 - ALEXIS HOLMES

Dear Municipal Clerk: PHOTOS ENCLOSED

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,096.01 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 8/25/00 2. Time of Incident: 3:00pm 3. Police called: x
(month/day/year) Yes No
4. Location of incident (including street address): LAKEWOOD AVE. @ MACON DR.
5. Name of your insurance company: GEICO DIRECT Policy No. 52697180
6. State what and how incident occurred: THE CITY VEHICLE MERGED INTO MY LANE AND DAMAGED MY VEHICLE BY HITTING MY CAR WITH THE TIRE LUGNUTS/SCREWS ON THE FRONT PASSENGER SIDE TIRE OF THE CITY TRUCK. THE LUGNUTS/SCREWS DAMAGED THE REAR DRIVER SIDE OF MY VEHICLE ABOVE THE BUMPER .
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). GEICO ADVISED I ONLY HAVE TO GET ONE ESTIMATE ENCLOSED, PLEASE REIMBURSE US ASAP !!!
Your vehicle: FORD MERCURY GRAND MARQUIS 1196 GA. 21584QE LINDA C. HANSEN
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: ? LARGE SERVICE TRUCK ANTHONY RIGGINS TICKET#1890129 IMPROPER LANE CHANGE
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: CALVIN "CHARLIE" GRIFFITH 10 WARREN DR. PORTWENTWORTH, GA. 912-966-0553
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

L. Hansen
Signature of Claimant

Linda C. Hansen
(Print Claimant's Name)

10 Warren Dr.
(Address)

Portwentworth, Ga. 31407
(City, State and Zip Code)

Am 912- 966-0553
(Work Number) (Home Number)

WK. 912-652-7308

Per 912-931-6385

police report # 002381434

01-A0287